

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.		DEP.		IND.			IND.		DEP.		IND.	
	1	1	1	1	1	1	1	1	1	1	1	1	1
1	1						51						
2	1						52						
3		1					53						
4	2	1					54						
5		2	1				55						
6	3	1					56						
7		3	1				57						
8	4	1					58						
9		4	1				59						
10	1						60						
11		1					61						
12		1	2				62						
13		1	2				63						
14	1						64						
15		1					65						
16		1	2				66						
17	1						67						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	26	←	←	←	←	←	TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS	31	██████████	██████████	██████████	██████████	██████████	TOTAL CLAIMS	██████████	██████████	██████████	██████████	██████████	██████████